

#8

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
Arthur Campbell et al.)	Examiner: Ann Y. Lam
Serial No. 09/784,949)	
Filed: February 15, 2001)	Group Art Unit: 3763
For: IMPROVED INFUSION DEVICE)	
MENU STRUCTURE AND METHOD)	
OF USING THE SAME)	

PETITION FOR EXTENSION OF TIME

Assistant Commissioner for Patents
Washington, D.C. 20231


Sir:

In accordance with 37 C.F.R. § 1.136, the applicants respectfully petition the Commissioner for a two-month extension of time, extending from October 5, 2002 to December 5, 2002 the period for response to the Office Action dated July 5, 2002. The responsive papers are attached.

The Commissioner is hereby authorized to charge any fee insufficiency (or credit any overpayment) to Deposit Account No. 50-0621. A copy of this petition is enclosed.

Respectfully submitted,

Dated: November 15, 2002

By: 
Vivian S. Shin
Reg. No. 43,919

MEDTRONIC MINIMED, INC.
18000 Devonshire Street
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(818) 576-5291

I hereby certify that this correspondence is being hand-delivered
in an envelope addressed to: Assistant Commissioner for
Patents, Washington, D.C. 20231

on: November 15, 2002
Date of Deposit

Signature: Vivian S. Shin
Vivian S. Shin, Reg. No. 43,919

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Date: November 15, 2002

In re the Application of: Arthur Campbell et al.

Serial No.: 09/784,949

Filed: February 15, 2001

For: IMPROVED INFUSION DEVICE MENU STRUCTURE AND METHOD OF USING THE SAME

ASSISTANT COMMISSIONER FOR PATENTS**Washington, D.C. 20231**

Sir:

Transmitted herewith is an Amendment in the above-identified application, Petition for Extension of Time, and return postcard.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE
TOTAL	54	MINUS	46	=	-8-	x 9	\$	OR	x 18	\$-144-
INDEP CLAIMS	3	MINUS	3	=	-0-	x 39	\$	OR	x 78	\$-0-
[] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						+135	\$	OR	+270	\$
						TOTAL	\$	OR	TOTAL	\$-144-

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

[X] The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0621. A copy of this sheet is enclosed.

[X] Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

[X] Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,



Vivian S. Shin

Registration No. 43,919

MEDTRONIC MINIMED, INC.

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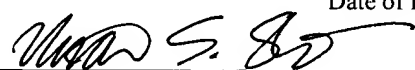
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